

## **FISCAL YEAR 2007-08 BUDGET PLAN**

### **I. EXECUTIVE SUMMARY**

A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority

B. Statewide Mission: The primary aspects of the Authority's mission, drawn directly from the enabling legislation, are:

1. To develop and improve the Patriots Point area to provide a place of education and recreation to foster among the people pride and patriotism in our nation and its heritage;
2. To establish and develop a National Naval Museum of ships, naval and maritime equipment, artifacts, books, manuscripts, art and historical materials for the education and enjoyment of the people of our nation and to instill in them a knowledge of our naval and maritime history; and of the importance of sea power to our economy and defense;
3. To foster and stimulate national and international travel to and participation in the development of Patriots Point by acquiring, constructing, equipping and maintaining museum buildings, sea-quariums and laboratories, public exhibits and entertainment facilities, historical monuments and sites and providing lodging and accommodation for travelers by land or water to Patriots Point.

C. Summary Description of Strategic or Long-Term Goals: These strategic goals are found in Section 3 of the Agency's Accountability Report:

1. Revival of the Patriots Point Foundation with board members drawn from local and regional leadership and an aggressive fund-raising campaign to provide capital funding and long-term endowments for the support of the museum ships.
2. Full implementation of the membership program not only to provide financial support for the museum but also to draw in greater community support for its programs.
3. Aggressive pursuit of grants to support education, conservation and preservation projects throughout the museum.
4. Expansion of the fifth-grade initiative to Dorchester and Berkeley counties and to other regional school districts.
5. Increasing the number of museum visitors who participate in docent-led tours of the museum ships.

6. Relocation and redesign of key exhibits aboard USS YORKTOWN, USS LAFHEY and USS CLAMAGORE in accordance with new museum standards and methodologies.
7. Completing flight deck repairs aboard USS YORKTOWN.
8. Completing the painting and restoration of the hull of USS YORKTOWN, including cleaning the hull to bare metal and applying a completely new coating system.
9. Completing structural repairs to the turtleback and total hull coating restoration of USS CLAMAGORE.
10. Completing exterior painting and restoration of USS LAFHEY and USCGC INGHAM

D.

Summary of Operating Budget Priorities for FY 2007-08:		FUNDING					FTEs			
		State Non- Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority No.:	Title:	0	0	0	0	\$ 0	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name:										
Priority No.:	Title:	0	0	0	0	\$ 0	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name:										
Priority No.:	Title:	0	0	0	0	\$ 0	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name:										
TOTAL OF ALL PRIORITIES		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00	0.00	0.00	0.00

E. Agency Recurring Base Appropriation:  
                     State   \$  
                     Federal\$  
                     Other   \$

F. Efficiency Measures:

G.

Summary of Capital Budget Priorities:			Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Priority No.: 1	<u>Project Name:</u> Activity Number & Name: #1312 Operations/Maintenance YORKTOWN Fire Alarm System	Project No* 9524	1,000,000			\$1,000,000
Priority No.: 2	<u>Project Name:</u> Activity Number & Name: #1312 Operations/Maintenance Handicapped Elevator	Project No*9525:	625,000	0	0	\$625,000
Priority No.: 3	<u>Project Name:</u> Activity Number & Name: : #1312 Operations/Maintenance Flight Deck Renovation	Project No*:	4,200,000	0	0	\$4,200,000
Priority No.: 4	<u>Project Name:</u> Activity Number & Name: #1312 Operations/Maintenance Yorktown Hull Painting	Project No*:	3,000,000	0	0	\$3,000,000
TOTAL OF ALL CAPITAL BUDGET PRIORITIES			\$8,825,000	\$ 0	\$ 0	\$8,825,000

\* If applicable

H. Number of Proviso Changes: N/A

I. Signature/Agency Contacts/Telephone Numbers:

David Burnette, Executive Director, 843-881-5920  
 Royce Breland, Controller, 843-881-5967

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority
- B. Priority No. 01 of 04
- C. Strategic Goal/Action Plan (*if applicable*):
- D. Project Name and Number (*if applicable*): *YORKTOWN Fire Alarm System (#9524)*
- E. Agency Activity Number and Name: Operations/Maintenance (#1312)
- F. Description of Priority: To replace out dated and failing heat and smoke detection system with one that complies with current fire codes. System is incrementally failing and repair components no longer exist.
- G. Detailed Justification for Funding: If current system is not replaced several agency revenue producing activities will possibly shut down.
- (1) Justification for Funding Priority: Current system needs to be replaced; if the system is not replaced there will be a significant loss of revenue.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	1,000,000			\$ 1,000,000

\* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: N/A Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority
- B. Priority No. 02 of 04
- C. Strategic Goal/Action Plan (*if applicable*):
- D. Project Name and Number (*if applicable*): *Handicapped Elevator (#9525)*
- E. Agency Activity Number and Name: Operations/Maintenance (#1312)
- F. Description of Priority: To install an elevator that would allow handicapped visitors to enter the ship at pier level and ride the elevator to the hangar deck or flight deck of the YORKTOWN.
- G. Detailed Justification for Funding: This priority is for the construction of an access from the pier through the Yorktown hull to the lower decks and the installation of an elevator from the third deck to the flight deck.
- (1) Justification for Funding Priority: To provide greater accessibility to the Museum for handicapped visitors, and ensure continued ADA compliance in view of subjective nature of judicial process with respect to a facility's degree of compliance.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	625,000			\$ 625,000

\* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: N/A Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_



(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments:

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority
- B. Priority No. 03 of 04
- C. Strategic Goal/Action Plan (*if applicable*):
- D. Project Name and Number (*if applicable*): *Flight Deck Renovation*
- E. Agency Activity Number and Name: Operations/Maintenance (#1312)
- F. Description of Priority: To replace the rotten wooden flight deck and corroded steel beneath it with half inch steel to preserve the watertight integrity of the ship. It is no longer feasible to repair the holes as leaks occur. Phases 1 and 2 representing half of the deck have been completed with other funds; no state appropriated funds were expended, and this project reflects the completion of the renovation of the remainder of the flight deck.
- G. Detailed Justification for Funding: These funds are necessary to remove the WWII era wooden flight deck and the seriously corroded steel plate underneath it that have led to progressive flooding into the spaces below. One half of the flight deck has been renovated using existing agency funds.

(1) Justification for Funding Priority: The flight deck leaks causing damage to the structure of the ship, museum displays, and historical artifacts. CPIP 2006, Project Priority 1.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	4,200,000			\$ 4,200,000

\* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. Other funds, revenue generated by Museum operations. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: N/A Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments:

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority
- B. Priority No. 04 of 04
- C. Strategic Goal/Action Plan (*if applicable*):
- D. Project Name and Number (*if applicable*): *Yorktown Hull Painting*
- E. Agency Activity Number and Name: Operations/Maintenance (#1312)
- F. Description of Priority: The exterior of the YORKTOWN requires painting. This project entails blasting the ship to near white metal, removing contaminants within Federal and State environmental guidelines and recoating the ship with a new coating system that does not contain any harmful materials.
- G. Detailed Justification for Funding: To complete the blasting and coating the remainder of Yorktown's exterior surfaces. Environmental consultants determined that the number of layers has reached the maximum feasible and the ship now must be blasted to bare metal and then recoated.
- (1) Justification for Funding Priority: The paint on the ship is cracking, peeling, and flaking off. The project is necessary to ensure the protection of the steel hull of Yorktown and inhibit corrosion and to improve the appearance of the important tourist attraction. CPIP 2006, Project Priority 2.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	3,000,000			\$ 3,000,000

\* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: N/A Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(1) Will additional annual operating costs be absorbed into your existing budget? Yes

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments:

## FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

### I. 2% COST SAVINGS ASSESSMENT

- A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority
- B. Agency Activity Number and Name:
- C. Explanation of Cost Savings Initiative: As an enterprise agency that is responsible for generating the revenue that is used to accomplish its mission, it has been determined that this request is inapplicable, as the careful determination has already been made that all current expenses are required to be expended if the revenues are to be gained that would allow mission accomplishment. Any cut in the already bare bone expenses would result in a resulting drop in revenue and would be counterproductive. This agency must perform as a business.
- D. Estimate of Savings:

<b>FY 2007-08 Cost Savings Estimates:</b>	<b>General</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>				
(a) Number of FTEs				0.00
(b) Personal Service				\$ 0
(c) Employer Contributions				\$ 0
Program/Case Services				\$ 0
Pass-Through Funds				\$ 0
Other Operating Expenses				\$ 0
<b>Total</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):



F.

Summary of Cost Savings Initiatives for FY 2007-08:	FUNDING				FTEs			
	General	Federal	Other	Total	State	Fed.	Other	Total
Initiative Title:	0	0	0	\$ 0	0	0	0	0.00
Activity Number & Name:								
Initiative Title:	0	0	0	\$ 0	0	0	0	0.00
Activity Number & Name:								
Initiative Title:	0	0	0	\$ 0	0	0	0	0.00
Activity Number & Name:								
TOTAL OF ALL INITIATIVES	\$ 0	\$ 0	\$ 0	\$ 0	0.00	0.00	0.00	0.00

## FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

### II. PRIORITY ASSESSMENT OF AGENCY ACTIVITIES

- A. Agency Section/Code/Name: Part 1A, Section 29, Patriots Point Development Authority
- B. Agency Activity Number and Name:
- C. Explanation of Lowest Priority Status:
- D. Estimate of Savings:

Estimate of Savings:	General	Federal	Supplemental	Capital Reserve	Other	Total
<b>Personnel:</b>						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	0	0	0	0	0	\$ 0
Pass-Through Funds	0	0	0	0	0	\$ 0
Other Operating Expenses	0	0	0	0	0	\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

F.

[illegible]

**2006 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**Page 1Agency Number: P36 Name: Patriots Point Development Authority

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2006-07 \_\_\_ 2: 2007-08 X\_\_\_1. Project Name: USS YORKTOWN Fire Alarm System Replacement3. Project Type: 3 %2. Project Priority: 1 of 4 in Plan Year4. Facility Type: 1, 2, 6 %**5. What is the project?**

The fire alarm system onboard ex-YORKTOWN needs to be replaced. It has partially failed and cannot be repaired. It is over 15 years old, no longer in production, and repair parts cannot be found. The alarm system is a critical part of the measures in place onboard to ensure the safety of the visiting public and our overnight campers. To be able to continue operating as a public museum, it is necessary to replace the system with more modern, reliable, and maintainable equipment.

**The total projected cost of this project is** \$1,000,000.00.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

**8. Total estimated project cost:**

1.	Land Purchase	Land	Acres
2.	Building Purchase	Floor Space:	Gross Square Feet
3.	100,000.00 Professional Services Fees		
4.	Equipment and/or Materials	Information Technology	\$
5.	Site Development		
6.	New Construction	Floor Space:	Gross Square Feet
7.	Renovations - Building Interior	Floor Space:	Gross Square Feet
8.	Renovations - Utilities		
9.	Roofing	Roof Age	
10.	Renovations - Building Exterior		
11.	900,000.00 Other Permanent Improvements		
12.	Landscaping		
13.	Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	Contingency		
	<u>\$ 1,000,000.00</u>	<b>TOTAL PROJECT BUDGET</b>	

**6. Why is the project needed?**

International Fire Code requires the facility to be protected by a fire alarm system.

**9. Proposed Source of Funds**

0.	Capital Improvement Bonds	
1.	Departmental CIB	
2.	Institution (Tuition) Bonds	
3.	Revenue Bonds	
4.	Excess Debt Service* (	)
5.	Capital Reserve Fund	
6.	1,000,000.00 Appropriated State	
7.	Federal	
8.	Athletic	
9.	Other* (	)
	<u>\$ 1,000,000.00</u>	<b>TOTAL</b>

\* Specify Type

**10. Project Schedule  
(for 2006-07 only)**

A. Estimated Start Date:	<u>1-Aug-07</u>
B. Estimated Completion Date:	<u>1-Dec-07</u>
C. Estimated Total Expenditures	
(1) In 2006-2007 Year	\$ <u>100,000.00</u>
(2) After 2006-2007 Year	\$ <u>900,000.00</u>
(3) Total Project Cost	\$ <u>1,000,000.00</u>

**2006 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**Page 2Agency Number: P36 Name: Patriots Point Development AuthorityPROJECT PROPOSED FOR PLAN YEAR (Check One) 2006-07 2: 2007-08 X1. Project Name: YORKTOWN - Handicapped Elevator Installation3. Project Type: 3 %2. Project Priority: 2 of 4 in Plan Year4. Facility Type: 2 %**5. What is the project?**

Currently, handicapped visitors can only access the hangar bay of the carrier YORKTOWN. They are brought onboard using a wheelchair lift that is attached to one of the stair railings at our main entrance. This system is not very reliable and is exposed to the weather. We would like to install an elevator that would allow handicapped visitors to enter the ship at pier level and ride the elevator to the hangar deck or flight deck of the YORKTOWN.

The total projected cost of this project is #####.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

**6. Why is the project needed?**

To provide greater accessibility to the museum for handicapped visitors.

**7. What alternatives to this project were considered?**

There are no viable, less expensive alternatives for access.

**8. Total estimated project cost:**

1.	Land Purchase	Land	Acres
2.	Building Purchase	Floor Space:	Gross Square Feet
3.	90,000.00 Professional Services Fees		
4.	180,000.00 Equipment and/or Materials	Information Technology	\$
5.	Site Development		
6.	New Construction	Floor Space:	Gross Square Feet
7.	Renovations - Building Interior	Floor Space:	Gross Square Feet
8.	Renovations - Utilities		
9.	Roofing	53	Roof Age
10.	Renovations - Building Exterior		
11.	355,000.00 Other Permanent Improvements		
12.	Landscaping		
13.	Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	Contingency		
	<u>\$ 625,000.00</u>	<b>TOTAL PROJECT BUDGET</b>	

**9. Proposed Source of Funds**

0.	Capital Improvement Bonds	
1.	Departmental CIB	
2.	Institution (Tuition) Bonds	
3.	Revenue Bonds	
4.	Excess Debt Service* ( )	
5.	Capital Reserve Fund	
6.	625,000.00 Appropriated State	
7.	Federal	
8.	Athletic	
9.	Other* ( )	
	<u>\$ 625,000.00</u>	<b>TOTAL</b>

\* Specify Type

**10. Project Schedule  
(for 2006-07 only)**

A. Estimated Start Date:	<u>Aug 1, 2007</u>
B. Estimated Completion Date:	<u>May 1, 2008</u>
C. Estimated Total Expenditures	
(1) In 2006-2007 Year	<u>\$ 90,000.00</u>
(2) After 2006-2007 Year	<u>\$ 535,000.00</u>
(3) Total Project Cost	<u>\$ 625,000.00</u>